



Modified 02-03

Approved for use through 9/30/00. PTO/SB/21 (01-03)
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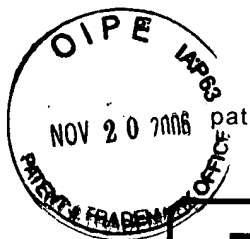
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application / Conf. No.	10/769,331 / 7399
	Filing Date	January 30, 2004
	First Named Inventor	Eric R. Keller
	Examiner Name	Thuan V. Do
	Art Unit	2825
	Patent No.	
	Attorney Docket Number	X-1557-4 US
Mail Stop: A F		
Express Mail Receipt No.		
Total Number of Pages in This Submission		

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet)	<input type="checkbox"/> After Allowance Communication to
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Declaration / Oath	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavit(s)/declaration(s)	<input type="checkbox"/> Petition -	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Change Status to LARGE ENTITY	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental)	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A)		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Customer Number	24309 (Customer Number)	Reg. Number 51,959
Attn:	Justin Liu	
Signature		
Date	November 17, 2006	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date:			
Typed or Printed Name	Pat Tompkins		
Signature		Date	November 17, 2006

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PTO/SB/17 (10-02)
Approved for use through 10-31-2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2005 <i>Patent fees are subject to annual revision</i>		Complete if Known		
		Application / Conf. No.	10/769,331 / 7399	
		Filing Date	January 30, 2004	
		First Named Inventor	Eric R. Keller	
		Examiner Name	Thuan V. Do	
		Art Unit	2825	
TOTAL AMOUNT OF PAYMENT (\$)		180.00	Attorney Docket No.	X-1557-4 US

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to: <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 24-0040 Deposit Account Name: XILINX, INC.		3. ADDITIONAL FEES Large Entity Fee Fee Code (\$)	
FEE CALCULATION		Fee Description Fee Paid	
1. BASIC FILING FEE		1051 130 Surcharge - late filing fee or oath	
Large Entity Fee Fee Fee Description Fee		1052 50 Surcharge - late provisional filing fee or cover sheet.	
Paid Code (\$)		1812 2,520 For filing a request for exparte reexamination	
1001 770 Utility filing fee		1804 920* Requesting publication of SIR prior to Examiner action	
1002 330 Design filing fee		1805 1,840* Requesting publication of SIR after Examiner action	
1003 510 Plant filing fee		1251 120 Extension for reply within first month	
1004 790 Reissue filing fee		1252 450 Extension for reply within second month	
105 160 Provisional filing fee		1253 1020 Extension for reply within third month	
SUBTOTAL (1) (\$)		1254 1,530 Extension for reply within fourth month	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1255 2,080 Extension for reply within fifth month	
Total Claims -20** = Extra X Fee from below = Fee Paid		1401 500 Notice of Appeal	
Indep. Claims - 3** = X =		1402 500 Filing a brief in support of an appeal	
Multiple Dependent Claims X =		1403 1000 Request for oral hearing	
**or number previously paid, if greater; For Reissues, see below		1451 1,510 Petition to institute a public use proceeding	
Large Entity Fee Fee Fee Description		1452 110 Petition to revive - unavoidable	
Code (\$)		1453 1,500 Petition to revive - unintentional	
1202 18 Claims in excess of 20		1501 1,400 Utility issue fee (or reissue)	
1201 86 Independent claims in excess of 3		1460 130 Petitions to the Commissioner	
1203 290 Multiple dependent claim, if not paid		1807 50 Petitions related to provisional applications	
1204 86 **Reissue independent claims over original patent		1806 180 Submission of Information Disclosure Stmt \$180	
1205 18 **Reissue claims in excess of 20 and over original patent		8021 40 Recording each patent assignment per property (times number of properties)	
SUBTOTAL (2) (\$)		1809 790 Filing a submission after final rejection (37 CFR 1.129(a))	
		1810 790 For each additional invention to be examined (37 CFR 1.129(b))	
		1801 790 Request for Continued Examination (RCE)	
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	
		180.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Justin Liu	Registration No. (Attorney/Agent)	51,959
Signature		Telephone	408-879-4641
		Date	11-17-2006

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.